PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE aperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/656,080 Filing Date TRANSMITTAL 09/05/2003 First Named Inventor **FORM** Heribert Vogel Art Unit 3745 Examiner Name Christopher M. Verdier (to be used for all correspondence after initial filing) Attorney Docket Number **HSS30** Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request Certified Statement from German Office Request for Refund **Express Abandonment Request** DE 10110659.9 Petition Under 37 CFR 1.183 CD, Number of CD(s) \_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Law Office of Michael O. Scheinberg Signature Printed name Michael O. Scheinberg Date Reg. No. 36,919

| CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
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Effective on 12/08/2004. The Spirit of the Consolidated Appropriations Act, 2005 (H.R. 4818).

## TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

| Complete if Known    |                        |  |  |  |  |
|----------------------|------------------------|--|--|--|--|
| Application Number   | 10/656,080             |  |  |  |  |
| Filing Date          | 09/05/2006             |  |  |  |  |
| First Named Inventor | Heribert Vogel         |  |  |  |  |
| Examiner Name        | Christopher M. Verdier |  |  |  |  |
| Art Unit             | 3745                   |  |  |  |  |
| Attorney Docket No.  | HSS30                  |  |  |  |  |

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|--|--|-------------------------|----------------|--------------------------|---------------------------------------|-----------------------|-------------------------|
| METHOD OF PAYMENT (check all that apply)   |  |                         |                |                          |                                       |                       |                         |
| Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: Michael O. Scheinberg                     |  |                         |                |                          |                                       |                       |                         |
| For the above-identi   |  |                         | tor is hereb   | •                        | · · · · · · · · · · · · · · · · · · · |                       |                         |
| <u></u>  | •  | •                       |                | ´ —                      | •                                     | 11.27                 |                         |
| Charge fee(s)  |  |                         |                |                          | ge fee(s) indic                       | ated below, exc       | cept for the filing fee |
| Charge any a under 37 CFF  |  | (s) or underpayme<br>17 | ents of fee(s  | Cred                     | it any overpay                        | ments                 |                         |
| WARNING: Information on this information and authorization   | s form may be                            | come public. Cred       | it card inform | nation should r          | ot be included                        | on this form. Pr      | ovide credit card       |
| FEE CALCULATION  | 011 F 10-2036                            |                         |                |                          |                                       |                       |                         |
|  |  |                         |                |                          |                                       |                       |                         |
| 1. BASIC FILING, SEAF  | R <b>CH, AND</b> I<br>FILING I           |                         | FEES<br>SEARCH | H FEES                   | EXAMINA                               | TION FEES             |                         |
| Application Type   | Fee (\$)                                 | mall Entity<br>Fee (\$) | Fee (\$)       | Small Entity<br>Fee (\$) | Fee (\$)                              | mall Entity Fee (\$)  | Fees Paid (\$)          |
| Utility  | 300                                      | 150                     | 500            | 250                      | 200                                   | 100                   |                         |
| Design   | 200                                      | 100                     | 100            | 50                       | 130                                   | 65                    |                         |
| Plant  | 200                                      | 100                     | 300            | 150                      | 160                                   | 80                    |                         |
| Reissue  | 300                                      | 150                     | 500            | 250                      | 600                                   | 300                   |                         |
| Provisional  | 200                                      | 100                     | 0              | 0                        | 0                                     | 0                     |                         |
| 2. EXCESS CLAIM FEE  | ES                                       |                         |                |                          |                                       |                       | Small Entity            |
| Fee Description  | including D                              | aiceuae)                |                |                          |                                       | <u>Fee (\$)</u><br>50 | <u>Fee (\$)</u><br>25   |
| ,  | Each claim over 20 (meridanis recissues) |                         |                |                          |                                       | 100                   |                         |
|  |  |                         |                |                          | 180                                   |                       |                         |
| Total Claims   | Extra Clain                              | ns Fee (\$)             | Fee Pa         | aid (\$)                 |                                       | Multiple De           | pendent Claims          |
| 20 or HP =   |  | _ x                     | _=             |                          |                                       | Fee (\$)              | Fee Paid (\$)           |
| HP = highest number of total   | •  |                         |                |                          |                                       |                       |                         |
| Indep. Claims  | Extra Clain                              |                         | Fee Pa         | aid (\$)                 |                                       |                       | <del></del>             |
| HP = highest number of independent claims paid for, if greater than 3.   |  |                         |                |                          |                                       |                       |                         |
| 3. APPLICATION SIZE FEE  |  |                         |                |                          |                                       |                       |                         |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer  |  |                         |                |                          |                                       |                       |                         |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50  |  |                         |                |                          |                                       |                       |                         |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) |  |                         |                |                          |                                       |                       |                         |
| 100 =  | Extra Office                             | / 50 =                  |                | ound up to a             |                                       |                       | <u>Ψ) Γες Γαια (Ψ)</u>  |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)  |  |                         |                |                          |                                       |                       |                         |
| Other (e.g., late filing surcharge): Petitions requiring the petition fee set forth in 37 CFR 1.17(h) (Group 111)  |  |                         |                |                          |                                       |                       |                         |
|  |  |                         |                |                          |                                       |                       |                         |

| SUBMITTED BY      |                       |  |                          |
|-------------------|-----------------------|--|--------------------------|
| Signature         | Mil Oshy              | Registration No. (Attorney/Agent) 36,919 | Telephone (512) 476-0005 |
| Name (Print/Type) | Michael O. Scheinberg |  | Date 9/19/06             |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.